

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 186

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

A.

Full Name (Last, First, Middle Initial)

Lisa M. Ayotte

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: 33AB41910AFE01E21BA

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Lisa M. Ayotte

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: A5F4083E14C7A370EDF

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

James Baes

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Com-
pany

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 9

Transaction ID: 9510255FB58F7FB1251

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)